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STATE OF HAWAR STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

	(Type or Pri	int Clearly)		
PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
LARDIZABAL	AIFRED	C .	841-5877	
MAILING ADDRESS (Street)			FAX	
1617 PALAMA	ST		847-7829	
(City)	(State)		(Zip Code)	
HONOluly	HI	9	76817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
LABORERS INTERNATIONAL UNION OF NORTH 811, -PM				
AMERICA, LO	CAL 368	· • • • • • • • • • • • • • • • • • • •	74 841-5877	
MAÍLING ADDRESS (Stréet)	,		FAX	
1617 PALAMA	ST.		847-7829	
(City)	(State)		(Zip Code)	
Honolulu,	HI		96817	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY Agriculture Education **Human Services** Science, Technology & **Economic Development** Communications & Government Operations & Intergovernmental Relations. Tourism & Recreation **Public Utilities** Finance International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Planning, Land & Water Other: (indicate below) Preservation Use Management Ecology, Energy Housing **Public Safety & Corrections** Environmental Protection **PART IV CERTIFICATION OF LOBBYIST** I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. PART V **AUTHORIZATION TO LOBBY** TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME BENTAMIN SAGUIBO BUSINESS MANAGER, SECRETARY-TREASURER NAME OF ORGANIZATION (if applicable) TELEPHONE LABORERS' INTERNATIONAL UNION OF NORTH 841-5877 AMERICA LOCAL 368
MAILING ADDRESS (Street) 847 7829 1617 PALAMA ST.

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(State)

(Signature of Authorizing Officer or Person Represented)

(Zip Code)

96817

28 alecem ber 2004

(Date)

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(Signature & Lobbyist)	(Date)
PART V AUTHORIZATION TO LOBBY	
NAME TITI	LE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
BENTAMIN SAGUIBO BUSINES	S MANAGER, SECRETARY-
NAME OF ORGANIZATION (if applicable)	TELEPHONE
LABORERS' INTERNATIONAL UNION AMERICA LOCAL 368	4 OF NORTH 841_5877
MAILING ADDRESS (Street)	FAX
1617 PALAMA ST.	847_7829
Howolulu, (State)	(Zip Code) 96 8 1 7
I hereby authorize the above - named person to engage in	lobbying activities on behalf of the undersigned.
Boyamin Sagut	28 Alecen ber 2004
(Signature of Authorizing Officer or Person Represented)	(Date)